

Athlete or Ancillary Personnel Between Sports Seasons Questionnaire - Claimant

Claimant Information:

Last Name: First Name: MI:
ID or SSN:

(Este es un documento importante. Si usted necesita un intérprete, póngase en contacto con su oficina local.)

Under Section 613 of the Illinois Unemployment Insurance Act, an individual shall be ineligible for benefits, on the basis of wages for any services if substantially all of such services consist of participating in sports or athletic events or training or preparing so to participate, for any week which begins (after December 31, 1977) during the period between two successive sport seasons (or similar periods), if the individual performed such services in the first of such seasons (or similar) periods and there is reasonable assurance that the individual will perform such services in the later of such seasons (or similar periods). The information you provide will be used for the purpose of determining your eligibility for benefits.

Please complete, sign and return this questionnaire to your Illinois Department of Employment Security Local Office as instructed. Failure to respond will result in a determination based on the available information.

If you need additional space, please use the other side of this document, if appropriate, or attach a separate sheet of paper.

Section A: Athlete Information

Did you participate in sports or athletic events, or were you in training or preparing to participate in sports or athletic events since your base period beginning date ? Yes No

If No, please sign and return this questionnaire, no further information is needed.

If Yes, in what sport did you participate?

What was your position or job title?

What were the start and end dates of your employment during the official sport season?

From: / / To: / /

Do you expect to return to perform such services in the next season? Yes No

If Yes, do you have a contract for the next season? Yes No

What will be the start and end dates? From: / / To: / /

Are you being considered for employment by one or more employer(s) to participant in a sport? Yes No

If yes, provide contact information for these employers.

Employer Name:

Address 1: Address 2: (Apt., Floor, Suite, etc.)

City: State: Zip Code:

Contact Person: Telephone Number: () -

Employer Name:

Address 1: Address 2: (Apt., Floor, Suite, etc.)

City: State: Zip Code:

Contact Person: Telephone Number: () -

Have you withdrawn from participating in competitive sports and athletic events? Yes No

If Yes, please explain:

Section B: Signature

Signature: Date:

Name (printed): Telephone Number: